



**INTERNATIONALE GESELLSCHAFT ZUR
FUNKTIONSVERBESSERUNG DER PFERDEZÄHNE E.V.**

**www.IGFP.EU
VORSTAND@IGFP-EV.DE**



Membership application

Surame:

Given name:

Occupation:

Titel:

Telefon:

Birthdate:

Mobil:

Fax:

Homepage:

E-mail:

Street, Nr.:

Zip Code, Place:

State:

Country:

I hereby apply for membership in the **IGFP e.V.** and I agree to the storage of the data provided in a membership database used by the IGFP.

Place, date:

Signature:

SEPA-direct debit mandate

(please be sure to fill it out, otherwise the application will not be accepted)

I authorize IGFP e.V. (creditor-identificationsnr.: DE12ZZZ00000489797), to collect payments from my account by direct debit. At the same time, I instruct my credit institution to honor the direct debits drawn on my account by the IGFP e.V.

Note: I can request a refund of the amount charged within eight weeks, starting from the debit date. The conditions agreed with my credit institution apply.

Creditinstitut (Name und BIC)

IBAN: _____ | _____ | _____ | _____ | _____ | _____

Date, place and signature

The mandate reference will be separately. Before the first collection of a SEPA core debit, the IGFP e.V. will inform me about the collection using this procedure.

bitte wenden

Please provide a brief report on your training to date (learning-by-doing, learned from, working with, attending schools and seminars, etc.)

How many treatments of horse teeth lead **on average per week?**

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I agree that the following data will be published as part of the member lists on the IGFP homepage according to my information (**Please fill out the fields!**):

	List of members in area accessible only to members	member list in the public area
Surame, Given name, Titel:		ja <input type="radio"/> nein <input type="radio"/>
Occupation:		ja <input type="radio"/> nein <input type="radio"/>
Zip code/place:		XXXXXXXXXXXX
Country/State:		XXXXXXXXXXXX
Membership status:	ja <input type="radio"/> nein <input type="radio"/>	XXXXXXXXXXXX
Street/Nr.:		XXXXXXXXXXXX
Telefon:		XXXXXXXXXXXX
Mobil:		XXXXXXXXXXXX
Fax:		XXXXXXXXXXXX
Email:		XXXXXXXXXXXX
Homepage:		XXXXXXXXXXXX
any special wishes :		XXXXXXXXXXXX

I can revoke this consent in writing at any time.

Place, Date:

Signature: